FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

•	•		, ,		Ü						
<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number		Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures

•	fulfilled Service Request lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<300> L	Infulfilled service request (voice)	·	
<310> [	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	e of Attached Document	
<330>	Detail on attempts (broadband)	lame of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should cont	ract regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 7274372078 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jeff@safetynetwireless.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voic calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gre the prior calendar year for each service ar an ETC for any facilities you own, operate	eater) for broadband service in rea in which you are designated
<440>	Complaints per 1000 customers for fixed l	broadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013				
<010>	Study Area Code	549024					
<015>	Study Area Name	Amerimex Communications Corp					
<020>	Program Year	2018					
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews					
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.					
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com					
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules					
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance						
<515>	Certify compliance with applicable minimum service standards						

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	549024	
<015> Study Area Name	Amerimex Communications Corp	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data	line <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
		_			Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
			I						ı

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 5-	49024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Operating Companies	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
	July 2013	

<010>	Study Area Code		549024
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp.	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
See atta	ached workshe	et
	Affiliates	

Data Collec	ction Form	OMB Control No. 3060-0986 / OMB Control No. 3060-0819
		July 2013
.040: 6		549024
	Study Area Code Study Area Name	Amerimex Communications Corp
	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039> C	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<900>	Does the filing entity offer tribal land services? (Y/N)	
<910> T	Tribal Land(s) on which ETC Serves	
<920> T	Tribal Government Engagement Obligation	Name of Attached Document
If your con	mpany serves Tribal lands, please select (Yes,No, NA) for each these boxes	
•	the status described on the attached PDF, on line 920,	
	ates coordination with the Tribal government pursuant to	Select
	a)(9) includes:	Yes or No or
<921> N	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	Not Applicable
<923>	Marketing services in a culturally sensitive manner;	
<924> C	Compliance with Rights of way processes	
<925> C	Compliance with Land Use permitting requirements	
	Compliance with Facilities Siting rules	
	Compliance with Environmental Review processes	
	Compliance with Cultural Preservation review processes	
	Compliance with Tribal Business and Licensing requirements.	

1	oice and Broadband Service Rate Comparability lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

-	o Terrestrial Backhaul Reporting lection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	549024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	rms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		549024	
<015>	Study Area Name		Amerimex Communications Corp	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	jeff@safetynetwireless.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		AMX 481 s1210_CA_2017.pdf	
		L		Name of Attached Document
<1220>	Link to Public Website	HTTP —		
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	~		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

(2005) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	549024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carrier Additional Documentation  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	momuton	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows  Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
		·

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(2020) Tolophono Plant In Conside/TDIC)	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

# If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

If yes to 4003A, please provide a response for 4003B.		
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (para	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	549024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

### Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Expert Telecom Compliance, Inc. is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Expert Telecom Compliance, Inc. Name of Reporting Carrier: Amerimex Communications Corp Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/28/2017 Printed name of Authorized Officer: Steve Klein Title or position of Authorized Officer: President Telephone number of Authorized Officer: 7273868601 ext. Study Area Code of Reporting Carrier: 549024 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Beha	alf of Reportin	ng Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported I		
Name of Reporting Carrier: Amerimex Communications Corp		
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.		
Study Area Code of Reporting Carrier: 549024 Filing Due Date for this form: 07/03/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 18 of the United States Code, 18 U.S.C. § 1001.	§§ 502, 503(b), or	fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		549024
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person US	AC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - En	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp.	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	N/A	549024	SafetyNet Wireless
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Plan Name	Plan Includes	Regular Plan Charge	Lifeline Plan Charge*	Additional Charges	California Lifeline Eligible
Unlimited Voice & Text Plan	Unlimited voice minutes Unlimited text messages	\$25.00	\$0.00	AirFair Card (retail locations):	Eligible
Text, & 500 MB Data	Unlimited voice minutes Unlimited text messages 500 MB Data	\$29.24	\$0.00	\$20 for 1 GB data	Eligible
*	Unlimited voice minutes Unlimited text messages 600 MB Data	\$30.24	\$1.00**	\$30 for 2 GB data	Eligible
Unlimited Voice, Text, & 1 GB Data	Unlimited voice minutes Unlimited text messages 1 GB Data	\$37.24	\$9.99	Diverse from Sofiet, Nati	Eligible
· ·	Unlimited voice minutes Unlimited text messages 2.5 GB Data	\$47.24	\$19.99	Superscript Supers	Eligible

<sup>\*</sup> Reflects plan charge after California LifeLine subsidy, federal Lifeline subsidy and any applicable additional company discount are applied.

Complete program terms of use located at www.safetynetwireless.com

<sup>\*\*</sup>Requires prepayment of \$20 towards account and customer receives a free Smartphone. The prepaid \$20.00 credit (the "Prepayment") will apply towards the monthly plan fee of \$1.00 and any applicable taxes and fees, but cannot be used for devices, accessories, or top ups/refills. Customers may cancel their service at any time. However, if a customer cancels service prior to receiving twelve (12) consecutive months of service, they will be charged an "Early Smartphone Promotion Termination Fee" of \$20.00, which will be posted to the customer's account prior to service disconnection. All remaining account credit associated with the Prepayment will be applied to any outstanding account balance. Customers may request a refund for any remaining Prepayment credit after service disconnection has been completed.

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	469030	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
•		

<210> I	or the prior	calendar yea	ir, were there	any reportak	ole voice servic	e outages?					
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	<b>Customers Affected</b>	<b>Total Number of</b>	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

•	fulfilled Service Request lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	469030	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	)> jeff@safetynetwireless.com	
<300> L	Infulfilled service request (voice)		
<310> [	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	Name of Attached Document	
<330>	Detail on attempts (broadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	act regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 7274372078 ext.
<039>	Contact Email Address - Email Address of p <030>	person identified in data line jeff@safetynetwireless.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whice any facilities you own, operate, lease, or of	e telephony service in the prior h you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	roice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	npliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	469030				
<015>	Study Area Name	Amerimex Communications Corp				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews				
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com				
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	515> Certify compliance with applicable minimum service standards					

(600) Functionality in Emergency Situations	FCC Form 481		
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	469030	
<015> Study Area Name	Amerimex Communications Corp	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data	line <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
			1			<u> </u>			1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 4	69030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Operating Companies	FCC Form 481		
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819		
	July 2013		

<010>	Study Area Code		469030
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	ISAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	ber - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
-	See atta	ached workshe	et
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Islame In the - Person USAC should contact regarding this data In the - Person USAC sh	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013  469030  Amerimex Communications Corp  2018  Jeff Matthews 7274372078 ext. jeff@safetynetwireless.com
lame or ne - Person USAC should contact regarding this data phone Number - Number of person identified in data line <030> il Address - Email Address of person identified in data line <030> filling entity offer tribal land services? (Y/N)	469030 Amerimex Communications Corp 2018 Jeff Matthews 7274372078 ext.
lame or ne - Person USAC should contact regarding this data phone Number - Number of person identified in data line <030> il Address - Email Address of person identified in data line <030> filling entity offer tribal land services? (Y/N)	Amerimex Communications Corp  2018  Jeff Matthews 7274372078 ext.
lame or ne - Person USAC should contact regarding this data phone Number - Number of person identified in data line <030> il Address - Email Address of person identified in data line <030> filling entity offer tribal land services? (Y/N)	Amerimex Communications Corp  2018  Jeff Matthews 7274372078 ext.
phone - Person USAC should contact regarding this data phone Number - Number of person identified in data line <030> il Address - Email Address of person identified in data line <030> filling entity offer tribal land services? (Y/N)	2018  Jeff Matthews 7274372078 ext.
ne - Person USAC should contact regarding this data phone Number - Number of person identified in data line <030> il Address - Email Address of person identified in data line <030> filling entity offer tribal land services? (Y/N)	7274372078 ext.
phone Number - Number of person identified in data line <030> il Address - Email Address of person identified in data line <030> filling entity offer tribal land services? (Y/N)	
filing entity offer tribal land services? (Y/N)	jeff@safetynetwireless.com
Γ	
I(s) on which ETC Serves	
ernment Engagement Obligation	Name of Attached Document
res Tribal lands inlease select (Ves No. NA) for each these hoves	
	Select
es:	Yes or No or
sessment and deployment planning with a focus on Tribal y anchor institutions. and sustainability planning;	Not Applicable
services in a culturally sensitive manner;	
e with Rights of way processes	
e with Land Use permitting requirements	
e with Facilities Siting rules	
e with Environmental Review processes	
•	
e with Cultural Preservation review processes	
n e e e e e e e e e e e e e e e e e e e	essment and deployment planning with a focus on Tribal anchor institutions.  and sustainability planning; services in a culturally sensitive manner; with Rights of way processes with Land Use permitting requirements with Facilities Siting rules

		1 486 2
	pice and Broadband Service Rate Comparability lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Con	iccion i omi	July 2013
		384, 2020
<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
1000		
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate	
	comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
11020	Diodabana comparability certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
		Name of Attached Document
		Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting		FCC Form 481
	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	450030	
<015>	Study Area Name	469030  Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers		FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Col	lection Form		July 2013
-			
<010>	Study Area Code	469030	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03	30> jeff@safetynetwireless.com	
		AMX 481 1210_2017 CO.pdf	
		AMA 461 1210_2017 CO.pd1	
4240	T 00 IV T 1 1 1 1 1 1 1		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
<1220>	Link to Public Website HTTP		
((D)	had there have had a large Courthal the attached the court (A. C. Par 4240).		
	heck these boxes below to confirm that the attached document(s), on line 1210,		
	ebsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually	report:		
<1221>	Information describing the terms and conditions of any voice	ī	
112217	telephony service plans offered to Lifeline subscribers,	<u>J</u>	
412225	Details on the number of minutes provided as part of the plan	٦	
<1222>	Details on the number of minutes provided as part of the plan,	₫	
		_	
<1223>	Additional charges for toll calls, and rates for each such plan.	]	
	<u> </u>	_	

(2005) Price Cap Carrier Additional Documentation			FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	469030	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<u></u>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
	year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Required information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
<b>\</b> 2013\	2010 and fatale 1102en Support certification 47 Critis 34.313(c)(4)		

(2005) Price Cap ( Data Collection Fo Including Rate-of-	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	momuton	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows  Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Financial Data Summary	
•	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

ii yes to 4003A, piease provide a response for 4003	ь.	
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	469030
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018

Jeff Matthews

7274372078 ext.

jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
certify that (Name of Agent) <u>Expert Telecom Compliance</u> , <u>Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent: Expert Telecom Compliance, I	nc.				
Name of Reporting Carrier: Amerimex Communications Corp					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2017				
Printed name of Authorized Officer: Steve Klein					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 7273868601 ext.					
Study Area Code of Reporting Carrier: 469030	Filing Due Date for this form: 07/03/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported h					
Name of Reporting Carrier: Amerimex Communications Corp					
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017			
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.					
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist					
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.					
Study Area Code of Reporting Carrier: 469030 Filing Due Date for this form: 07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 18 of the United States Code, 18 U.S.C. § 1001.	§§ 502, 503(b), oı	fine or imprisonment under Title			



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		469030
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	N/A	469030	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free (LBUS #1)	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

Note: If a customer misses a plan payment, they are automatically moved to a free plan to avoid loss of their Lifeline benefit. Customers on plans with no data would revert to the free LBUS plan #1; customers on plans that include data would revert to the free data plan.

### **Additional Airtime:**

Voice TopUps:				
Direct from Sa	Airfare (Retail)			
100 minutes	100 minutes \$4.00			
250 minutes	\$10.00			
400 minutes				
1000 minutes \$19.00				

Data TopUps:			
Direct from	Airfare (Retail)		
250 MB	\$4.99		
500 MB	\$9.99		
1 GB	\$13.99	\$20.00	
2 GB	\$25.99	\$30.00	

Complete program terms of use located at www.safetynetwireless.com

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229019	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	229019				
<015>	Study Area Name	Amerimex Communications Corp				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews				
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com				
<210>	<210> For the prior calendar year, were there any reportable voice service outages?					

1210	ror the pho	culciliadi yet	ar, were there	c uny reporta	one voice service	e outubes.				<del></del>	
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	<b>Customers Affected</b>	<b>Total Number of</b>	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

	fulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	229019			
<015>	Study Area Name	Amerimex Communications Corp			
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews			
<035> Contact Telephone Number - Number of person identified in data line <030> 7274372078 ext.					
<039> Contact Email Address - Email Address of person identified in data line <030> jeff@safetynetwireless.com					
<300> U	nfulfilled service request (voice)				
<310> [	Detail on attempts (voice)				
<320>	Unfulfilled service request (broadband)	Name of Attached Document			
<330>	Detail on attempts (broadband)	Name of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should cont	act regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 7274372078 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jeff@safetynetwireless.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grothe prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in rea in which you are designated
<440>	Complaints per 1000 customers for fixed b	broadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	npliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013					
<010>	Study Area Code	229019						
<015>	Study Area Name	Amerimex Communications Corp						
<020>	Program Year	2018						
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews						
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.						
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com						
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules						
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance							
<515>	<515> Certify compliance with applicable minimum service standards							

(600) Functionality in Emergency Situations	FCC Form 481			
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819			
	July 2013			

<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010> Study Area Code	229019				
<015> Study Area Name	Amerimex Communications Corp				
<020> Program Year	2018				
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews				
<035> Contact Telephone Number - Number of person identified in data line <030> 7274372078 ext.					
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com				
<701> Residential Local Service Charge Effective Date  1/1/2017  702> Single State-wide Residential Local Service Charge					

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
						<u> </u>			<u> </u>

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	29019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		229019
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
See atta	ached workshe	et
	Affiliates	

	bal Lands Reporting lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> <015> <020> <030> <035> <039> <900>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Does the filing entity offer tribal land services? (Y/N)  Tribal Land(s) on which ETC Serves	Amerimex Communications Corp  2018  Jeff Matthews  7274372078 ext.  jeff@safetynetwireless.com
<920>	Tribal Government Engagement Obligation	Name of Attached Document
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	
<923> <924> <925> <926> <927> <928> <929>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	

		. 486
	pice and Broadband Service Rate Comparability	FCC Form 481
Data Col	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<1000>	Voice services rate comparability certification	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<1010>	Attach detailed description for voice services rate	
11010	comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
		Name of Attack of Dogwood
		Name of Attached Document

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	229019	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	rms and Condition for Lifeline Customers			FCC Form 481
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Coll</b>	ection Form			July 2013
<010>	Study Area Code		229019	
<015>	Study Area Name		Amerimex Communications Corp	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <		7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jeff@safetynetwireless.com	
		,	AMX 481 1210_2017.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
1220	Territoria de Contactorio de Torritorio (Contactorio Contactorio C			
		L	N	ame of Attached Document
<1220>	Link to Public Website HT	TP		
or the we	Information describing the terms and conditions of any voice	, ~		
<1222> <1223>	· · · · · · · · · · · · · · · · · · ·	<i>V</i>		

(2005) Price Cap Carrier Additional DocumentationFCC Form 481Data Collection FormOMB Control No. 3060-0986/OMB Control No. 3060-0819Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange CarriersJuly 2013	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  July 2013	
<010> Study Area Code 229019	
<015> Study Area Name Amerimex Communications Corp	
<020> Program Year 2018	
<030> Contact Name - Person USAC should contact regarding this data Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data line <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030> jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carrier Additional Documentation  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornace.		
(3012B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports			
	(Operating Report for Telecommunications Borrowers)		<del>_</del>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docui Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line			
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docui Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3030) relephone riune in service (1113)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
`	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

il yes to 4003A, please provide a response for 4003B.		
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229019
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews

7274372078 ext.

jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
· · · · · · · · · · · · · · · · · · ·	Inc. is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized vided to the authorized agent is accurate.			
Name of Authorized Agent: Expert Telecom Compliance, In	nc.			
Name of Reporting Carrier: Amerimex Communications Corp				
Signature of Authorized Officer: CERTIFIED ONLINE	Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/28/2017			
Printed name of Authorized Officer: Steve Klein	Printed name of Authorized Officer: Steve Klein			
Title or position of Authorized Officer: President	Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: 7273868601 ext.				
Study Area Code of Reporting Carrier: 229019	Filing Due Date for this form: 07/03/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behali	of Reportin	g Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on b the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported he			
Name of Reporting Carrier: Amerimex Communications Corp			
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017	
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.			
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist			
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.			
Study Area Code of Reporting Carrier: 229019 Filing Due Date for this form: 07/03/2017			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 18 of the United States Code, 18 U.S.C. § 1001.	§ 502, 503(b), or	fine or imprisonment under Title	



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		229019
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>		7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
:	N/A	229019	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

### **Additional Airtime:**

Voice TopUps:			
Direct from Sa	Airfare (Retail)		
100 minutes	\$4.00	\$5.00	
250 minutes	\$8.00	\$10.00	
400 minutes	\$11.00		
1000 minutes	\$19.00		

Data TopUps:			
Direct from	Airfare (Retail)		
250 MB	\$4.99		
500 MB	\$9.99		
1 GB	\$13.99	\$20.00	
2 GB	\$25.99	\$30.00	

Complete program terms of use located at www.safetynetwireless.com

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269046	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
	_	

<210>	For the prior calendar	year, were there any	reportable voice service outages?
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<220>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

	fulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269046	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03	<pre>0&gt; jeff@safetynetwireless.com</pre>	
<300> U	nfulfilled service request (voice)		
<310> [	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	Name of Attached Document	
<330>	Detail on attempts (broadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 269046
<015>	Study Area Name  Amerimex Communications Corp
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <pre>&lt;030&gt;</pre>
<039>	Contact Email Address - Email Address of person identified in data line jeff@safetynetwireless.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband
<450>	Complaints per 1000 customers for mobile broadband

, ,	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	269046				
<015>	Study Area Name	Amerimex Communications Corp				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews				
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com				
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	Certify compliance with applicable minimum service standards					

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	060046
<015>	Study Area Name	269046
	,	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	269046	
<015> Study Area Name	Amerimex Communications Corp	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data I	ine <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
									1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	59046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0986	FCC Form 481	(800) Operating Companies
	OMB Control No. 3060-0986/OMB Control No. 3060-0819	Data Collection Form
July 2013	July 2013	

<010>	Study Area Code		269046
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>		7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
See atta	ached workshe	et
	Affiliates	

<015> Stu		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<015> Stu		July 2013
<015> Stu	LANCE IN	
<015> Stu		269046
<020> Pro	udy Area Code udy Area Name	Amerimex Communications Corp
	rogram Year	2018
	ontact Name - Person USAC should contact regarding this data	Jeff Matthews
	ontact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039> Cor	ontact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<900> Do	oes the filing entity offer tribal land services? (Y/N)	
<910> Tril	ibal Land(s) on which ETC Serves	
<920> Tri	ribal Government Engagement Obligation	Name of Attached Document
If your comp	pany serves Tribal lands, please select (Yes,No, NA) for each these boxes	
	the status described on the attached PDF, on line 920,	
	tes coordination with the Tribal government pursuant to	Select
§ 54.313(a)(9	- · · · · · · · · · · · · · · · · · · ·	Yes or No or
<921> Ne	eeds assessment and deployment planning with a focus on Tribal ommunity anchor institutions. easibility and sustainability planning;	Not Applicable
<923> M	Marketing services in a culturally sensitive manner;	
<924> Co	ompliance with Rights of way processes	
<925> Co	ompliance with Land Use permitting requirements	
	ompliance with Facilities Siting rules	
	ompliance with Environmental Review processes	
	ompliance with Cultural Preservation review processes	
	ompliance with Tribal Business and Licensing requirements.	

		1 050
(1000) V	pice and Broadband Service Rate Comparability	FCC Form 481
Data Col	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	269046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate	
	comparability compliance	
		Name of Attached Document
<1020>	Droadhand comparability cortification	
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
	. , ,	
		Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting		FCC Form 481
-	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269046	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	rms and Condition for Lifeline Customers			FCC Form 481
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Coll</b>	ection Form			July 2013
<010>	Study Area Code		269046	
<015>	Study Area Name		Amerimex Communications Corp	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line		7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	e <030>	jeff@safetynetwireless.com	
		Γ	AMX 481 1210_2017.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
		L		large of Attached Deciment
			IN .	lame of Attached Document
<1220>	Link to Public Website	НТТР		
		_		
"Please cl	neck these boxes below to confirm that the attached document(s), on line 121	10,		
	bsite listed, on line 1220, contains the required information pursuant to	•		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually r				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~		
	telephony service plans offered to Elicinic subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,	V		
	, , , , , , , , , , , , , , , , , , , ,			
<1223>	Additional charges for toll calls, and rates for each such plan.	<b>V</b>		
="	G			

(2005) Price Cap Carrier Additional Documentation  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269046	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornace.		
(3012B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports			
	(Operating Report for Telecommunications Borrowers)		<del>_</del>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docui Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line			
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docui Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Financial Data Summary			
(3027) Revenue			
(5527) Nevenue			
(3028) Operating Expenses			
()			
(3029) Net Income			
(3023) Net income			
(3030) Telephone Plant In Service(TPIS)			
(,,,,,,,			
(3031) Total Assets			
()			
(3032) Total Debt			
(3033) Total Equity			
(2024) Dividende			
(3034) Dividends			

, ,	(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	Data Collection Form	July 2013

<010>	Study Area Code	269046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data  Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

## If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

in yes to 4000A, picase provide a response for 4000		
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269046	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269046
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.

jeff@safetynetwireless.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer to Authorize an	Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent) Expert Telecom Compliance, Inc. is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent: Expert Telecom Compliance, Inc	с.		
Name of Reporting Carrier: Amerimex Communications Corp			
Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/28/2017			
Printed name of Authorized Officer: Steve Klein			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: 7273868601 ext.			
Study Area Code of Reporting Carrier: 269046	Filing Due Date for this form: 07/03/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on I the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported h				
Name of Reporting Carrier: Amerimex Communications Corp				
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.				
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017		
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.				
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist				
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.				
Study Area Code of Reporting Carrier: 269046 Filing Due Date for this form: 07/03/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 18 of the United States Code, 18 U.S.C. § 1001.	§§ 502, 503(b), or	fine or imprisonment under Title		



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		269046
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>		7274372079 ext.
<039>	> Contact Email Address - Email Address of person identified in data line <030>		jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
:	N/A	269046	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

## **Additional Airtime:**

Voice TopUps:					
Direct from Sa	Airfare (Retail)				
100 minutes	100 minutes \$4.00				
250 minutes	\$10.00				
400 minutes					
1000 minutes	\$19.00				

Data TopUps:				
Direct from	Airfare (Retail)			
250 MB	\$4.99			
500 MB	500 MB \$9.99			
1 GB	\$13.99	\$20.00		
2 GB	\$25.99	\$30.00		

Complete program terms of use located at www.safetynetwireless.com

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	319043	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
							, , , , ,				

• •	fulfilled Service Request lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No July 2013	o. 3060-0819
<010>	Study Area Code		319043		
<015>	Study Area Name		Amerimex Communications Corp		
<020>	Program Year		2018		
<030>	Contact Name - Person USAC should contact regar	ding this data	Jeff Matthews		
<035>	Contact Telephone Number - Number of person ic	dentified in data line <030>	7274372078 ext.		
<039>	Contact Email Address - Email Address of person in	dentified in data line <030>	jeff@safetynetwireless.com		
<300> U	Infulfilled service request (voice)				
<310> [	Detail on attempts (voice)				
<320>	Unfulfilled service request (broadband)	Nam	e of Attached Document		
<330>	Detail on attempts (broadband)	N	Name of Attached Document		

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 319043
<015>	Study Area Name  Amerimex Communications Corp
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line jeff@safetynetwireless.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband
<450>	Complaints per 1000 customers for mobile broadband

, ,	npliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	319043			
<015>	Study Area Name	Amerimex Communications Corp			
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com			
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules			
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance				
<515>	Certify compliance with applicable minimum service standards				

(600) Functionality in Emergency Situations	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013
<010> Study Area Code	319043	
045. 6. 1.4. 11		

<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	319043	
<015> Study Area Name	Amerimex Communications Corp	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data	line <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
			1			<u> </u>			1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 33	19043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
-									
-									
-									
-									
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-									
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-									
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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		319043
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
See atta	ached workshe	et
	Affiliates	

(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013
	21042
<010> Study Area Code	319043  Amerimex Communications Corp
<015> Study Area Name	2018
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039> Contact Ferepriorie Number - Number of person identified in data line <030>	jeff@safetynetwireless.com
<900> Does the filing entity offer tribal land services? (Y/N)	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
<ul> <li>&lt;921&gt; Needs assessment and deployment planning with a focus on Tribal community anchor institutions.</li> <li>&lt;922&gt; Feasibility and sustainability planning;</li> <li>&lt;923&gt; Marketing services in a culturally sensitive manner;</li> <li>&lt;924&gt; Compliance with Rights of way processes</li> <li>&lt;925&gt; Compliance with Land Use permitting requirements</li> <li>&lt;926&gt; Compliance with Facilities Siting rules</li> <li>&lt;927&gt; Compliance with Environmental Review processes</li> <li>&lt;928&gt; Compliance with Cultural Preservation review processes</li> <li>&lt;929&gt; Compliance with Tribal Business and Licensing requirements.</li> </ul>	

			1 466 1
	pice and Broadband Service Rate Comparability	FCC Form 481	
Data Col	ection Form	OMB Control No. 3060-0986/OMB Control No. 306	0-0819
		July 2013	
<010>	Study Area Code	319043	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1000>	Voice services rate comparability certification		
	· ,		
<1010>	Attach detailed description for voice services rate		
	comparability compliance		
	<u> </u>		
		Name of Attached Document	
<1020>	Broadband comparability certification		
<1030>	Attach detailed description for broadband		
	comparability compliance		
		News of Attacked Description	
		Name of Attached Document	

/4400) No Town Add Do albert Donaths				
(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013	
<010>	Study Area Code	319043		
<015>	Study Area Name	Amerimex Communications Corp		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)			
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		210042	
<015>	Study Area Name		319043	
<020>	Program Year		Amerimex Communications Corp	
<030>	Contact Name - Person USAC should contact regarding this data		2018	
<035>	Contact Telephone Number - Number of person identified in data line	<030>	Jeff Matthews 7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line		jeff@safetynetwireless.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		AMX 481 1210_2017.pdf	Name of Attached Document
<1220>	Link to Public Website H	ITTP		
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	<b>V</b>		
<1223>	Additional charges for toll calls, and rates for each such plan.	<b>v</b>		

(2005) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	319043	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<u></u>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
	year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Required information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
<b>\</b> 2013\	2010 and fatale 1102en Support certification 47 Critis 34.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013	
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information		
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mormation	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows  Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
		<del>-</del>

Financial Data Summary	<b>_</b>
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> jeff@safetynetwireless.com

# **4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

# If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	319043
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
~n2n>	Contact Name - Person LISAC should contact regarding this data	Toff Matthews

7274372078 ext.

jeff@safetynetwireless.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

I certify that (Name of Agent) Expert Telecom Compliance,	sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized			
Name of Authorized Agent: Expert Telecom Compliance, I	•			
Name of Reporting Carrier: Amerimex Communications Corp				
Signature of Authorized Officer: CERTIFIED ONLINE	signature of Authorized Officer: CERTIFIED ONLINE Date: 06/28/2017			
Printed name of Authorized Officer: Steve Klein				
Title or position of Authorized Officer: President				
Telephone number of Authorized Officer: 7273868601 ext.				
Study Area Code of Reporting Carrier: 319043	Filing Due Date for this form: 07/03/2017			
, 9	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.			

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on be the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported he				
Name of Reporting Carrier: Amerimex Communications Corp				
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.				
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017		
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.				
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist				
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.				
Study Area Code of Reporting Carrier: 319043 Filing Due Date for this form: 07/03/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 18 of the United States Code, 18 U.S.C. § 1001.	502, 503(b), or	fine or imprisonment under Title		



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		319043
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	> Contact Telephone Number - Number of person identified in data line <030>		7274372079 ext.
<039>	> Contact Email Address - Email Address of person identified in data line <030>		jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
:	N/A	319043	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

# **Additional Airtime:**

Voice TopUps:					
Direct from Sa	Airfare (Retail)				
100 minutes	\$5.00				
250 minutes	\$10.00				
400 minutes					
1000 minutes \$19.00					

Data TopUps:					
Direct from	Airfare (Retail)				
250 MB	250 MB \$4.99				
500 MB					
1 GB	\$13.99	\$20.00			
2 GB	\$25.99	\$30.00			

Complete program terms of use located at <a href="www.safetynetwireless.com">www.safetynetwireless.com</a>

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	439061	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

•	•		, ,		e e						
<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number		Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures

•	fulfilled Service Request lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	439061	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	)> jeff@safetynetwireless.com	
<300> L	Infulfilled service request (voice)		
<310> [	Detail on attempts (voice)		
<320>	Unfulfilled service request (broadband)	Name of Attached Document	
<330>	Detail on attempts (broadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 439061
<015>	Study Area Name  Amerimex Communications Corp
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line jeff@safetynetwireless.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband
<450>	Complaints per 1000 customers for mobile broadband

•	npliance With Service Quality Standards and Consumer Protection Rules lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013				
<010>	Study Area Code	439061				
<015>	Study Area Name	Amerimex Communications Corp				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews				
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com				
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	<515> Certify compliance with applicable minimum service standards					

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013		
<010> Study Area Code	439061			

<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010> Study Area Code	439061				
<015> Study Area Name	Amerimex Communications Corp				
<020> Program Year	2018				
<030> Contact Name - Person USAC should contact regarding this data Jeff Matthews					
<035> Contact Telephone Number - Number of person identified in data line <030> 7274372078 ext.					
<039> Contact Email Address - Email Address of person identified in data line <030> jeff@safetynetwireless.com					
<701> Residential Local Service Charge Effective Date  1/1/2017  702> Single State-wide Residential Local Service Charge					

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
			1			<u> </u>			1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 4	39061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0986	FCC Form 481	(800) Operating Companies
	OMB Control No. 3060-0986/OMB Control No. 3060-0819	Data Collection Form
July 2013	July 2013	

<010>	Study Area Code		439061
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See atta	ched worksh	eet
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(900) Tribal Lands Reporting FCC Form 481				
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819			
	July 2013			
	420061			
<010> Study Area Code	439061  Amerimex Communications Corp			
<015> Study Area Name	2018			
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews			
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.			
<039> Contact Ferepriorie Number - Number of person identified in data line <030>	jeff@safetynetwireless.com			
<900> Does the filing entity offer tribal land services? (Y/N)				
<910> Tribal Land(s) on which ETC Serves				
<920> Tribal Government Engagement Obligation	Name of Attached Document			
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable			
<ul> <li>Needs assessment and deployment planning with a focus on Tribal community anchor institutions.</li> <li>Feasibility and sustainability planning;</li> <li>Marketing services in a culturally sensitive manner;</li> <li>Compliance with Rights of way processes</li> <li>Compliance with Land Use permitting requirements</li> <li>Compliance with Facilities Siting rules</li> <li>Compliance with Environmental Review processes</li> <li>Compliance with Cultural Preservation review processes</li> <li>Compliance with Tribal Business and Licensing requirements.</li> </ul>				

1	oice and Broadband Service Rate Comparability lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	439061	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		439061	
<015>	Study Area Name		Amerimex Communications Corp	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	jeff@safetynetwireless.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		AMX 481 1210_2017.pdf	
			N	Name of Attached Document
<1220>	Link to Public Website	НТТР		
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~		
<1222>	Details on the number of minutes provided as part of the plan,	~		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

(2005) Pı	2005) Price Cap Carrier Additional Documentation FCC Form 481				
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819		
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013		
<010>	Study Area Code	439061			
<015>	Study Area Name	Amerimex Communications Corp			
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com			

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.		
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	momuton	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows  Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
		·

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

# If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

il yes to 4003A, please provide a response for 4003B.						
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information					
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)					
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information					
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information					

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	439061
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	439061
<015> Study Area Name	Amerimex Communications Corp

<010>	Study Area Code	439001
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

### Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Expert Telecom Compliance, Inc. is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Expert Telecom Compliance, Inc. Name of Reporting Carrier: Amerimex Communications Corp Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/28/2017 Printed name of Authorized Officer: Steve Klein Title or position of Authorized Officer: President Telephone number of Authorized Officer: 7273868601 ext. Filing Due Date for this form: 07/03/2017 Study Area Code of Reporting Carrier: 439061 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier							
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipient the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information repor							
Name of Reporting Carrier: Amerimex Communications Corp							
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.							
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017					
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.							
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist							
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.							
Study Area Code of Reporting Carrier: 439061 Filing Due Date for this form: 07/03/2017							
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U 18 of the United States Code, 18 U.S.C. § 1001.	J.S.C. §§ 502, 503(b), or	fine or imprisonment under Title					



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		439061
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	N/A	439061	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

# **Additional Airtime:**

Voice TopUps:						
Direct from Sa	Airfare (Retail)					
100 minutes	\$5.00					
250 minutes	\$10.00					
400 minutes						
1000 minutes						

Data TopUps:				
Direct from	Airfare (Retail)			
250 MB	250 MB \$4.99			
500 MB	\$9.99			
1 GB	\$13.99	\$20.00		
2 GB	\$25.99	\$30.00		

Complete program terms of use located at www.safetynetwireless.com

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	179024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
•		

<210> F	or the prior	calendar yea	r, were there	any reportal	ole voice servic	e outages?						
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

•	fulfilled Service Request lection Form			FCC Form 481 OMB Control No. 306 July 2013	0-0986/OMB Control No. 3060-0819
<010>	Study Area Code	179024			
<015>	Study Area Name	Amerimex Comm	nunications Corp		
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthew	S		
<035>	Contact Telephone Number - Number of person identified in data line	<030> 7274372078 ex	xt.		
<039>	Contact Email Address - Email Address of person identified in data line	<030> jeff@safetyn	etwireless.com		
<300> L	Infulfilled service request (voice)				
<310> [	Detail on attempts (voice)				
<320>	Unfulfilled service request (broadband)	Name of Attached Doc	ument		
<330>	Detail on attempts (broadband)	Name of Attached	Document		

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should cont	act regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 7274372078 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jeff@safetynetwireless.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grothe prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed by	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	179024			
<015>	Study Area Name	Amerimex Communications Corp			
<020>	Program Year	2018			
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com			
<500>	<500> Certify compliance with applicable service quality standards and consumer protection rules				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance				
<515>	<515> Certify compliance with applicable minimum service standards				

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	179024	
<015> Study Area Name	Amerimex Communications Corp	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data	line <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
			1			<u> </u>			1

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	79024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		179024
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	ISAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	SafetyNet Wireless	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	See atta	ached workshe	et

(900) Tri	00) Tribal Lands Reporting FCC Form 481					
	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-	0-0819			
		July 2013				
<010>	Study Area Code	179024				
<015>	Study Area Name	Amerimex Communications Corp				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews 7274372078 ext.				
<035>	Contact Telephone Number - Number of person identified in data line <030>	jeff@safetynetwireless.com				
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jellebalety netwirelebb.com				
<900>	Does the filing entity offer tribal land services? (Y/N)					
<910>	Tribal Land(s) on which ETC Serves					
<920>	Tribal Government Engagement Obligation	Name of Attached Document				
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable				
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;					
<923>	Marketing services in a culturally sensitive manner;					
<924>	Compliance with Rights of way processes					
<925>	Compliance with Land Use permitting requirements					
<926>	Compliance with Facilities Siting rules					
<927>	Compliance with Environmental Review processes					
<928>	Compliance with Cultural Preservation review processes					
<929>	Compliance with Tribal Business and Licensing requirements.					

•	oice and Broadband Service Rate Comparability lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting		FCC Form 401
	lection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	179024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		179024	
<015>	Study Area Name		Amerimex Communications Corp	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line	<030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jeff@safetynetwireless.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		AMX 481 1210_2017.pdf	
			I	Name of Attached Document
<1220>	Link to Public Website	ITTP		
or the we § 54.422 annually r		0,		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<b>V</b>		
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

(2005) Price Cap Carrier Additional Documentation  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	179024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<u></u>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers		
	year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Required information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
<b>\</b> 2013\	2010 and fatale 1102en Support certification 47 Critis 34.313(c)(4)		

(2005) Price Cap ( Data Collection Fo Including Rate-of-	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	momuton	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers)  Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows  Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
		·

Financial Data Summary	
,	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(2024) Dividands	
(3034) Dividends	
	i e

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

ii yes to 4003A, piease provide a response for 4003	ь.	
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	179024
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	819
<010>	Study Area Code	179024	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	

7274372078 ext.

jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer to Authorize an	Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I certify that (Name of Agent) Expert Telecom Compliance, Inc. is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent: Expert Telecom Compliance, In	ıc.				
Name of Reporting Carrier: Amerimex Communications Corp					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2017				
Printed name of Authorized Officer: Steve Klein					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 7273868601 ext.					
Study Area Code of Reporting Carrier: 179024	Filing Due Date for this form: 07/03/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on be the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported he					
Name of Reporting Carrier: Amerimex Communications Corp					
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/26/2017					
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.					
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist					
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.					
Study Area Code of Reporting Carrier: 179024 Filing Due Date for this form: 07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 18 of the United States Code, 18 U.S.C. § 1001.	§ 502, 503(b), or	fine or imprisonment under Title			



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		179024
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person US	AC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	SafetyNet Wireless	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
•	N/A	179024	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

### **Additional Airtime:**

Voice TopUps:			
Direct from Sa	Airfare (Retail)		
100 minutes	\$5.00		
250 minutes	\$8.00	\$10.00	
400 minutes			
1000 minutes	\$19.00		

Data TopUps:			
Direct from	Airfare (Retail)		
250 MB	\$4.99		
500 MB	\$9.99		
1 GB	\$13.99	\$20.00	
2 GB	\$25.99	\$30.00	

Complete program terms of use located at www.safetynetwireless.com

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339050	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Matthews	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff@safetynetwireless.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

•	•		, ,		e e						
<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number		Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures

` '	fulfilled Service Request ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339050	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <0.	30> 7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <0	30> jeff@safetynetwireless.com	
<300> U	nfulfilled service request (voice)		
<310>[	Detail on attempts (voice)		
		Name of Attached Document	
<320>	Unfulfilled service request (broadband)		
<330×	Detail on attempts (broadband)		
<b>\330</b> 2	Detail on attempts (bloadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should cont	ract regarding this data  Jeff Matthews
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 7274372078 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jeff@safetynetwireless.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voic calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in rea in which you are designated
<440>	Complaints per 1000 customers for fixed l	broadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	339050				
<015>	Study Area Name	Amerimex Communications Corp				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews				
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com				
<500>	500> Certify compliance with applicable service quality standards and consumer protection rules					
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance				
<515>	Certify compliance with applicable minimum service standards					

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	330050	

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(700) Price Offerings including Voice Rate Data  Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	339050	
<015> Study Area Name	Amerimex Communications Corp	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035> Contact Telephone Number - Number of person identified in data	line <030> 7274372078 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jeff@safetynetwireless.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
ŀ									
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 3	39050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		339050
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
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_	See atta	ched worksh	et
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(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <035> <039> <900>	Study Area Code Study Area Name Program Year  Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Does the filing entity offer tribal land services? (Y/N)  Tribal Land(s) on which ETC Serves	339050  Amerimex Communications Corp  2018  Jeff Matthews 7274372078 ext. jeff@safetynetwireless.com
<920>	Tribal Government Engagement Obligation company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document
demons	rm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	
<923> <924> <925> <926> <927> <928> <929>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	

	oice and Broadband Service Rate Comparability lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<1000>	Voice services rate comparability certification	
<1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting		FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339050	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	220050	
<015>	Study Area Code Study Area Name	339050	
<020>	Program Year	Amerimex Communications Corp	
<030>	Contact Name - Person USAC should contact regarding this data	2018	
<035>	Contact Telephone Number - Number of person identified in data line <030:	Jeff Matthews	
<039>	Contact Telephone Number - Number of person identified in data line <030		
<0392	Contact Email Address - Email Address of person identified in data line <050	> jeff@safetynetwireless.com	
		AMX 481 1210_2017.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
<1220>	Link to Public Website		
112207	Link to Public Website HTTP		
	<del>-</del>		
"Dlassa c	neck these boxes below to confirm that the attached document(s), on line 1210,		
	bsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually	report:		
<1221>	Information describing the terms and conditions of any voice		
112217	telephony service plans offered to Lifeline subscribers,		
4000	Details on the number of minutes provided as part of the plan		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2005) Pi	ice Cap Carrier Additional Documentation		FCC Form 481
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	339050	
<015>	Study Area Name	Amerimex Communications Corp	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
<2023>	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.  The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect  America Phase I deployment obligations, accompanied by a list of		
<2024A>	census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornace.		
(3012B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  Electronic copy of their annual RUS reports			
	(Operating Report for Telecommunications Borrowers)		<del>_</del>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docui Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line			
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docui Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com
		<del>-</del>

Financial Data Summary	<b>_</b>
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jeff@safetynetwireless.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

ii yes to 4005A, picase provide a response for 4005		
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>	7274372078 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	on - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339050
<015>	Study Area Name	Amerimex Communications Corp
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Matthews

7274372078 ext.

jeff@safetynetwireless.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer to Authorize an	Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent) <u>Expert Telecom Compliance</u> , It also certify that I am an officer of the reporting carrier; my respons agent; and, to the best of my knowledge, the reports and data provided to the complex of the reports and data provided to the complex of the reports and data provided to the complex of the reports and data provided to the complex of the reports and data provided to the complex of the reports and data provided to the reports an	ibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized
Name of Authorized Agent: Expert Telecom Compliance, In	c.
Name of Reporting Carrier: Amerimex Communications Corp	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2017
Printed name of Authorized Officer: Steve Klein	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 7273868601 ext.	
Study Area Code of Reporting Carrier: 339050	Filing Due Date for this form: 07/03/2017
, ,	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behal	f of Reportin	ng Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on b the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported he					
Name of Reporting Carrier: Amerimex Communications Corp					
Name of Authorized Agent Firm: Expert Telecom Compliance, Inc.					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2017			
Name of Authorized Agent Employee: Expert Telecom Compliance, Inc.					
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist					
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.					
Study Area Code of Reporting Carrier: 339050 Filing Due Date for this form: 07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 18 of the United States Code, 18 U.S.C. § 1001.	§ 502, 503(b), oı	fine or imprisonment under Title			



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		339050
<015>	Study Area Name		Amerimex Communications Corp
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Matthews
<035>	Contact Telephone Number - Number of person identified in data line <030>		7274372078 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	jeff@safetynetwireless.com
<810>	Reporting Carrier	Amerimex Communications Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	N/A	339050	SafetyNet Wireless
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# **Lifeline Rates, Terms & Conditions**

Lifeline Price	Free	\$1.00	\$5.00	Free	\$5.00	\$10.00	\$19.99	\$27.99	\$37.99
Talk	500	500	1000	50	200	500	Unlimited	Unlimited	Unlimited
Text	500	1500	Unlimited	100	500	Unlimited	Unlimited	Unlimited	Unlimited
Data	0	0	0	500 MB	500 MB	500 MB	500 MB	1 GB	2.5 GB
Phone	Free	Free	Free	Cust. Pay*					

<sup>\*</sup> For data plans, customer must purchase the data device, bring their own device (BYOD), or supplement the cost of the device

### **Additional Airtime:**

Voice TopUps:				
Direct from Sa	Airfare (Retail)			
100 minutes	\$5.00			
250 minutes	\$10.00			
400 minutes	\$11.00			
1000 minutes				

Data TopUps:				
Direct from	Airfare (Retail)			
250 MB \$4.99				
500 MB				
1 GB	\$13.99	\$20.00		
2 GB	\$25.99	\$30.00		

Complete program terms of use located at www.safetynetwireless.com